2005 OSHPD Hospital Annual Financial Data Profile

(excludes Kaiser, State, Shriners, LTC Emphasis, and PHFs)

Data by Type of Care	Total	General Acute	Psychiatric	Rehabilitation	Long-term Care	Chem Dep & Other
Licensed Beds	78,777	60,505	6,109	2,359	•	1,089
Licensed Bed Occ. Rate	60.93%	58.33%	69.27%			66.82%
Available Beds	73,055	30.3370	03.21 /0	37.337	13.2970	00.0270
Available Bed Occ. Rate	65.69%					
Patient Days (excl. nursery)	17,385,055	12,796,751	1,526,499	498,140	2,300,749	262,916
Discharges (excl. nursery)	3,076,960	2,774,642	183,780	35,145		16,574
Average Length of Stay (est.)	5.65	4.61	8.31	14.17	34.43	15.86
Average Length of Otay (est.)	5.05	4.01	0.51	17.17	J+.+J	13.00
				Financial Ratios *		
Income Statement *		Per Adjusted Day *		Current Ratio		1.47
Gross Patient Revenue	\$ 179,239,418,762	\$ 7,331.22		Days in Accounts Rec	eivable	61.33
- Deductions from Revenue	132,618,536,211	5,424.34		Long-Term Debt to Ne		68.34%
+ Capitation Premium Rev.	2,029,628,666	83.02		Long-Term Debt to Ed		63.19%
Net Patient Revenue	\$ 48,650,511,217	\$ 1,989.89		Equity to Total Assets		45.37%
+ Other Operating Revenue	1,703,200,932	69.66		Net Return on Total A	ssets	4.09%
Total Operating Revenue	\$ 50,353,712,149	\$ 2,059.56		Patient Revenue Marg	ıin	(3.10%)
- Operating Expenses	50,161,097,901	2,051.68		Operating Margin		0.38%
Net from Operations	\$ 192,614,248	\$ 7.88		Total Margin		4.39%
+ Non-Operating Revenue	2,590,457,846	105.95		Net Income Margin		4.17%
- Non-Operating Expense	554,272,861	22.67		Cost-to-Charge Ratio		27.04%
- Income Taxes	8,713,235	0.36		Net PPE Per Licensed	l Bed	\$ 287,703
- Extraordinary Items	9,878,995	0.40				
Net Income	\$ 2,210,207,003	\$ 90.40		Uncompensated Care	e Costs	
=				Charity-Other		\$ 610,695,542
				Charity-Other + Bad D)ebt	1,496,671,395
Deductions from Revenue		Capitation Premium Revenue		Charity-Other + Bad D	ebt + CIP Cont. Adj.	2,484,454,658
Medicare Cont Adj-Trad	\$ 45,683,787,771	Medicare	\$ 932,093,975			
Medicare Cont Adj-Mng Care	8,954,499,529	Medi-Cal	343,334,886	Uncompensated Care	Costs % of Operating Ex	penses
Medi-Cal Cont Adj-Trad	22,058,428,518	Co. Indigent Programs	11,199,472	Charity % of Operating	g Expenses	1.26%
Medi-Cal Cont Adj-Mng Care	7,085,105,360	Other Managed Care	743,000,333	Charity + Bad Debt %	Operating Expenses	3.09%
DSH (SB 855) Funds Rec'd	(2,130,341,949)	Total Capitation Rev.	\$ 2,029,628,666	Charity+Bad Debt+CII	Cont Adj % of Op. Exp.	5.13%
DSH Funds Transferred	1,719,172,069					
Co Indigent Cont Adj	3,653,681,009	Other Utilization Statistics		Profile Characteristic	s	
Other 3rd Cont Adj-Trad.	6,169,703,234	ER Visits	9,468,848	No. of Hospitals	382	
Other 3rd Cont Adj-Mng Care	31,623,443,856	Clinic Visits	13,216,630	Hospital Name	(AII)	
Provision for Bad Debts	3,277,108,723	Home Health Visits	1,814,581	County	(AII)	
Charity-Hill-Burton	4,419,574	Referred O/P Visits	16,098,100	HSA	(AII)	
Charity-Other	2,258,882,884	I/P Surgeries	929,708	HFPA	(AII)	
Gifts & Subs. Indigent Care	(12,568,252)	O/P Surgeries	1,213,918	Type of Control	(AII)	
All Other Deductions	2,273,213,885	Purchased I/P Days	179,373	Type of Care	(AII)	
Total Deductions from Rev.	\$ 132,618,536,211	_		Health Systems	(AII)	
_		Nursery Days	822,453	Teach & Rural Hosp	(AII)	
		Nursery Discharges	376,368	DSH Hospital?	(AII)	
		Natural Births	340,671	Licensed Bed Size	(AII)	
		Cesarean Sections	133,592	LTC Day %	(AII)	

Source: OSHPD Hospital Annual Disclosure Reports (Based on 9-21-06 data extract)

Date Printed: 10/13/2006

^{*} Reflects Medi-Cal DSH and supplemental funds transferred back to related organizations.

2005 OSHPD Hospital Annual Financial Data Profile

(excludes Kaiser, State, Shriners, LTC Emphasis, and PHFs)

	(excludes Kaiser, State, Shriners, LTC Emphasis, and PHFs)					
Financial and Utilization		Medic	are	Medi-Cal		
Data by Payer Category	Total	Traditional	Managed Care	Traditional	Managed Care	
Patient Days (excl. nursery)	17,385,055	5,886,419	929,861	4,279,173	808,562	
Discharges (excl. nursery)	3,076,960	912,208	199,901	583,877	188,728	
Average Length of Stay (est.)	5.65	6.45	4.65	7.33	4.28	
Outpatient Visits	41,753,491	9,810,387	1,404,670	6,509,012	2,969,890	
Gross Inpatient Revenue	\$ 130,006,260,341	\$ 45,988,761,024	\$ 8,455,932,090	\$ 24,003,718,677	\$ 5,802,719,453	
Gross Outpatient Revenue	49,233,157,109	12,515,363,301	2,291,407,959	5,194,951,174	2,951,663,867	
Gross Patient Revenue	\$ 179,239,417,450	\$ 58,504,124,325	\$ 10,747,340,049	\$ 29,198,669,851	\$ 8,754,383,320	
 Deductions from Rev 	132,618,534,899	46,009,752,901	9,000,082,019	21,887,467,230	7,299,506,483	
+ Capitation Premium Rev	2,029,628,666		932,093,975		343,334,886	
Net Patient Revenue	\$ 48,650,511,217	\$ 12,494,371,424	\$ 2,679,352,005	\$ 7,311,202,621	\$ 1,798,211,723	
Percent of Gross Revenue	27.14%	21.36%	24.93%	25.04%	20.54%	
Expenses (est.)	\$ 48,457,896,969	\$ 14,974,380,188	\$ 2,601,969,793	\$ 8,609,677,952	\$ 2,397,724,584	
Payment Shortfall	\$ 192,614,248	(\$2,480,008,764)	\$ 77,382,212	(\$1,298,475,331)	(\$599,512,860)	
Adjusted Patient Days	24,448,794	7,534,024	1,224,152	5,320,468	1,246,036	
Gross I/P Rev Per Day	\$ 7,478	\$ 7.813	\$ 9,094	\$ 5,609	\$ 7,177	
Gross I/P Rev Per Discharge	42,252	50,415	42,301	41,111	30,746	
Gross O/P Rev Per Visit	1,179	1,276	1,631	798	994	
Net I/P Rev Per Day	\$ 2,030	\$ 1,669	\$ 2,267	\$ 1,405	\$ 1,474	
Net I/P Rev Per Discharge	11,468	10,767	10,546	10,294	6,316	
Net O/P Rev Per Visit	320	272	407	200	204	

Financial and Utilization	County	Other Third	d Parties	Other P	ayers
Data by Payer Category	Indigent Programs	Traditional	Managed Care	Other Indigent	All Other Payers
Patient Days (excl. nursery)	546,068	841,970	3,287,304	161,555	644,143
Discharges (excl. nursery)	97,354	181,851	770,919	34,099	108,023
Average Length of Stay	5.61	4.63	4.26	4.74	5.96
Outpatient Visits	2,112,981	4,161,090	11,056,414	549,703	3,179,344
Gross Inpatient Revenue	\$ 2,889,301,698	\$ 6,852,110,953	\$ 31,641,200,610	\$ 1,314,995,469	\$ 3,057,520,367
Gross Outpatient Revenue	1,506,093,667	4,514,362,389	17,024,002,351	453,030,754	2,782,281,647
Gross Patient Revenue	\$ 4,395,395,365	\$ 11,366,473,342	\$ 48,665,202,961	\$ 1,768,026,223	\$ 5,839,802,014
- Deductions from Rev	3,685,940,423	6,554,175,644	32,502,679,178	1,601,304,739	4,077,626,282
+ Capitation Premium Rev	11,199,472		743,000,333		
Net Patient Revenue	\$ 720,654,414	\$ 4,812,297,698	\$ 16,905,524,116	\$ 166,721,484	\$ 1,762,175,732
Percent of Gross Revenue	16.40%	42.34%	34.74%	9.43%	30.18%
Expenses (est.)	\$ 1,641,808,500	\$ 3,316,755,255	\$ 12,764,917,691	\$ 495,432,639	\$ 1,655,229,837
Payment Shortfall	(\$921,154,086)	\$ 1,495,542,443	\$ 4,140,606,425	(\$328,711,155)	\$ 106,945,895
Adjusted Patient Days	839,968	1,394,596	5,063,205	215,909	1,217,406
Gross I/P Rev Per Day	\$ 5,291	\$ 8,138	\$ 9,625	\$ 8,140	\$ 4,747
Gross I/P Rev Per Discharge	29,678	37,680	41,043	38,564	28,304
Gross O/P Rev Per Visit	713	1,085	1,540	824	875
Net I/P Rev Per Day	\$ 868	\$ 3,446	\$ 3,344	\$ 768	\$ 1,432
Net I/P Rev Per Discharge	4,866	15,953	14,258	3,637	8,541
Net O/P Rev Per Visit	117	459	535	78	264

Source: OSHPD Hospital Annual Disclosure Reports (Based on 9-21-06 data extract)

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2005 OSHPD Hospital Annual Financial Data Profile

(excludes Kaiser, State, Shriners, LTC Emphasis, and PHFs)

BALANCE SHEET - UNRESTRICTED FUND

	B <i>F</i>	ALANCE SHEET - UNI	RESTRICTED FUND			
Asse	ts	% of Total	Liabilities a	nd Equity	% of Total	
Current Assets	\$ 19,637,179,759	36.35%	Current Liabilities	\$ 13,385,274,507	24.78%	
Limited Use Assets	7,114,118,148	13.17%	Deferred Credits	637,527,342	1.18%	
Net PPE	18,064,713,481	33.44%	Net Long-Term Debt	15,489,327,612	28.67%	
Construction-in-Progress	4,599,697,806	8.51%	Total Liabilities	\$ 29,512,129,461	54.63%	
Investments & Other Assets	3,979,349,132	7.37%				
Intangible Assets	627,687,021	1.16%	Equity	24,510,615,886	45.37%	
Total Assets	\$ 54,022,745,347	100.00%	Total Liabilities & Equity	\$ 54,022,745,347	100.00%	
Cash	\$ 3,224,794,407	5.97%	Mortgage Notes	\$ 305,901,136	0.57%	
Total PPE	39,514,361,111	73.14%	Bonds Payable	\$ 12,271,580,930	22.72%	
Intercompany Receivables	5,356,881,836	9.92%	Intercompany Payables	\$ 5,082,293,571	9.41%	
intercompany Receivables	3,330,001,030	9.3270	intercompany r ayables	Ψ 3,002,233,37 1	3.4170	
Direct Expense by				Direct Expense by		
Natural Classification		Per Adjusted Day	% of Total Exp	Cost Center Group		% of Total Exp
Salaries & Wages	\$ 18,518,174,455	\$ 757.43	36.92%	Daily Hospital Svcs.	\$ 10,164,664,524	20.26%
Employee Benefits	7,716,689,103	315.63	15.38%	Ambulatory Services	3,990,014,209	7.95%
Physician Pro. Fees	1,427,539,261	58.39	2.85%	Ancillary Services	16,643,300,234	33.18%
Other Pro. Fees	2,225,333,222	91.02	4.44%	Purch. I/P & O/P Svcs.	346,907,077	0.69%
Supplies	8,122,262,399	332.22	16.19%			
Purchased Services	6,246,394,029	255.49	12.45%	Research	\$ 238,263,701	0.47%
Depreciation	2,022,153,386	82.71	4.03%	Education	661,424,740	1.32%
Leases & Rentals	728,708,114	29.81	1.45%	General Services	7,121,889,811	14.20%
Insurance	468,091,555	19.15	0.93%	Fiscal Services	1,981,430,471	3.95%
Interest	734,095,003	30.03	1.46%	Administrative Svcs.	6,411,395,687	12.78%
All Other Expenses	1,951,657,374	79.83	3.89%	Unassigned Costs	2,601,807,447	5.19%
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Total Operating Expenses	\$ 50,161,097,901	\$ 2,051.68	100.00%	Total Operating Exp.	\$ 50,161,097,901	100.00%

Labor Productivity by		Hours Per			FTEs Per
Employee Classification	Productive Hours	Adjusted Day	% of Total Hours	Productive FTEs	Adj. Occupied Bed
Management & Supervision	49,220,996	2.01	7.65%	23,663.94	0.35
Technical & Specialist	142,159,926	5.81	22.09%	68,346.12	1.02
Registered Nurses	181,035,194	7.40	28.13%	87,036.15	1.30
Licensed Voc. Nurses	18,476,144	0.76	2.87%	8,882.76	0.13
Aides & Orderlies	53,241,465	2.18	8.27%	25,596.86	0.38
Clerical & Other Admin.	114,050,141	4.66	17.72%	54,831.80	0.82
Environ. & Food Services	43,128,621	1.76	6.70%	20,734.91	0.31
All Other Employees	42,323,306	1.73	6.58%	20,347.74	0.30
Total Productive Hours	643,635,793	26.33	100.00%	309,440.29	4.61
Total Paid Hours	729,399,858	29.83		350,673.01	5.23

Source: OSHPD Hospital Annual Disclosure Reports (Based on 9-21-06 data extract)

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